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Monthly Bulletin

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U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

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THE CHILD

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CONTENTS

The Children's Bureau does not necessarily endorse or assume responsibility for the statements or opinions of contributors not connected with the Bureau.

Lillian D. Wald

By Katharine F. Lenroot

Chief, United States Children's Bureau

ON the first of September Lillian D. Wald, one of the greatest friends of children this Nation has ever known, joined the choir invisible of those whose influence and inspiration will be forever a part of the Children's Bureau. Jane Addams, Florence Kelley, Julia Lathrop, Grace Abbott, Lillian Wald—these were set apart as a unique group by their outlook upon life, their strong and fearless intellects, their sensitive and compassionate awareness of human need, their practical grasp of public affairs, their ability to translate aspirations into reality. Of their understanding and their capacity for leadership the Children's Bureau was born and by them it was nurtured.

To Lillian Wald particularly does the Children's Bureau owe its existence, for it was she who first conceived the idea of a Federal bureau dedicated to the interest of all children. Tirelessly throughout 6 years she and those associated with her strove for the establishment of the Bureau. They had the help of some of the Nation's greatest statesmen, including President Theodore Roosevelt. But Lillian Wald did not rest content when the new Bureau was launched or even after it had become well established in the national life. Her interest in its activities, her concern for its future, her sympathetic understanding of the problems of those responsible for its administration never flagged. Even after she was stricken by severe illness she kept up correspondence with those who were concerned that the Bureau be strengthened in proportion to the increasing demands upon it and the ever-growing public conception of the Nation's obligations toward its children.

As Chief of the Children's Bureau, Grace Abbott frequently visited Lillian Wald in Henry Street or in her Connecticut home, and after she became seriously ill it was my own great privilege to have a visit with her. She was honored at the dinner celebrating the twenty-fifth anniversary of the Children's Bureau, April 8, 1937, and tribute was paid to her at meetings of the White House Conference on Children in a Democracy. It is fitting that her own story of the establishment of the Children's Bureau and what it meant to her should be repeated here:

> Experience in Henry Street, and a conviction that intelligent interest in the welfare of children was becoming universal, gradually focused my mind on the necessity for a Federal Children's Bureau. Every day brought to the settlement, by mail and personal call—as it must have brought to other people and agencies known to be interested in children—the most varied inquiries, appeals for help and guidance, reflecting every social aspect of the question. One well-known judge of a children's court was obliged to employ a clerical staff at his own expense to reply to such inquiries. Those that came to us we answered as best we might out of our own experience or from fragmentary and incomplete data. Even the available information on this important subject was nowhere assembled in complete and practical form. The birth rate, preventable blindness, congenital and preventable disease, infant mortality, physical degeneracy, orphanage, desertion, juvenile delinquency, dangerous occupations and accidents, crimes against children, are questions of enormous national importance concerning some of which reliable information was wholly lacking.
>
> Toward the close of President Roosevelt's administration a colleague and I called upon him to present my plea for the creation of this bureau. On that day the Secretary of Agriculture had gone South to ascertain what danger to the community lurked in the appearance of the boll weevil. This gave point to our

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argument that nothing that might have happened to the children of the Nation could have called forth governmental inquiry.

The Federal Children's Bureau was conceived in the interest of all children; but it was fitting that the national committee on which I serve, dedicated to working children, should have become sponsor for the necessary propaganda for its creation.

It soon became evident that the suggestion was timely. Sympathy and support came from every part of the country, from Maine to California, and from every section of society. The national sense of humor was aroused by the grim fact that whereas the Federal Government concerned itself with the conservation of material wealth, mines and forests, hogs and lobsters, and had long since established bureaus to supply information concerning them, citizens who desired instruction and guidance for the conservation and protection of the children of the Nation had no responsible governmental body to which to appeal.

Though the suggestion was approved by President Roosevelt and widely supported by press and people, it was not until the close of President Taft's administration that the Federal Children's Bureau became a fact, and the child with all its needs was brought into the sphere of Federal care and solicitude. The appointment of Miss Julia Lathrop, a woman of conspicuous personal fitness and adequate training, to be its first chief was a guarantee of the auspicious beginning of its work. In the brief time of its service it has had continuous evidence that the people of these United States intelligently avail themselves of the opportunity for acquiring better understanding of the great responsibility that is placed upon each generation.

The Federal Children's Bureau would not fulfill the purpose of its originators if its service were limited to the study and record of the pathological conditions surrounding children. Its greatest work for the Nation should be, and doubtless will be, to create standards for the States and municipalities which may turn to it for expert advice and guidance. With the living issues involved it is not likely to become mechanical.

The Children's Bureau is a symbol of the most hopeful aspect of America. Founded in love for children and confidence in the future, its existence is enormously significant. The first time I visited Washington after the establishment of the Bureau I felt a thrill of the new and the hopeful, and I contrasted its bare office with the splendid monuments that had been erected and dedicated to the past. Some day, I thought, a lover of his country, understanding that the children of today are our future, will build a temple to them in the seat of the Federal Government. This building will be more beautiful than those inspired by the Army and Navy, by the exploits of science or commemoration of the dead. As my imagination soared I fairly visualized the Children's Bureau developed, expanded, drawing from all corners of the land eager parents and teachers to learn not only the theory of child culture, but to see demonstrations of the best methods in playgrounds, clinics, classes, clubs, buildings, and equipment. The vision became associated with a memory of the first time I saw the Lucca della Robbias on the outer wall of the Florentine asylum and felt the inspiration of linking a great artist with a little waif. But those lovely sculptured babes are swathed. Some day, when the beautiful building of the Federal Children's Bureau is pointed out in Washington, I have it in my heart to believe that the genius who decorates in paint or plastic art will convey the new conception of the child—free of motion, uplooking, the ward of the Nation.—From *The House on Henry Street, by Lillian D. Wald.*

An editorial tribute from the *New York Times*, September 3, 1940, follows:

MISS WALD OF HENRY STREET

Lillian D. Wald was the founder and for 40 years the beloved head of the Henry Street Settlement. She organized the first widespread nonsectarian visiting nurse service in the world, and lived to see the visiting nurse following in her footsteps, in every American State and city, in almost every country on earth. The school nurse, the ungraded classes for handicapped children, the Children's Bureau came out of the warm, intelligent sympathy which she set glowing on Henry Street. She fought the evils of the sweatshop, of underpaid and overworked labor, of fire hazards in houses and factories, of bad housing, of inadequate play space. She fought against war and against racial and religious intolerance in all of its forms. The brotherhood of man was no fine phrase for her: it was her whole life.

Her career grew out of a simple, unostentatious act. She went to the East Side, with one companion, to do what she could with her own hands to lessen the burdens of the sick poor—and a new humanitarian agency grew out of the adventure. She invited her new neighbors to visit her East Side home—and discovered that she had established a social settlement. She made no distinction between the humble and the famous, the rich and the poor. She loved and respected the scrubwomen, the penniless immigrants, the jobless fathers of families, the sick, the sinful, the desperate who came to her door; but there came also, in all humility, the renowned, gifted, and successful of all lands. With the same joyous grace she welcomed a street cleaner and a prime minister, a fish peddler, and a governor or president.

She was a reformer, but never one of rueful countenance. Her pity was easily aroused, her indignation could burn hotly against injustice and oppression, yet wherever she went she carried the healing power of generous laughter. Humanity was for her a lifelong adventure. She read it as eagerly as a scholar reads his books. A friend said of her that she was never

consciously tolerant, because she never admitted that the infinite differences in human nature called for tolerance. To her they were endlessly fascinating, endlessly appealing. In the unspoiled humanness of children she took lifelong delight. She respected childhood in a wholly unsentimental way, and to children she seemed not a teacher nor a critic but a friend. Friendship, extended without self-consciousness or self-righteousness, was in her a supreme quality. As a result, her friends literally cannot now be counted. They are in every land, of every race, of every creed.

There may never be another social settlement which will be precisely what Henry Street was under Lillian Wald. Much that settlements once did has been taken over by public agencies. Nursing, too, may move into the public field. But the great lesson of democracy taught on Henry Street by Lillian Wald and her unique circle will never be superseded. She made the loftiest ideals of America articulate in words and acts. Her disciples and friends carry on her work, some of them in high places.

Her death will sadden thousands whose lives she had touched. But the memory of her warmth and gayety, and of her unaffected love for her neighbors, will long outlive the day of mourning.

• BIRTH •
• GROWTH •
• CHILD HEALTH •

The Care of Premature Infants

A Plan of Cooperation Between Hospital and Public-Health-Nursing Services[1]

By Hedwig Koenig, M. D.

From the New York Hospital and the Department of Pediatrics, Cornell University Medical College

Discussions on the care of the premature infant deal, usually, with his earliest days of life—methods of resuscitation, types of incubators, what and how to feed him, when and with what to bathe him, and how to keep him alive until he weighs enough to be sent home. Little if any emphasis has been placed on the difficulties that may arise after his discharge. Most persons do not realize that such difficulties exist.

Today a plan is to be described wherein a hospital and a visiting-nurse association join to care for the premature infant during this neglected period—the period of transition between hospital and home. While the plan will be given in some detail, I wish first to spend a few moments discussing the reasons why such a plan is necessary. The question may well be asked why there are special problems, since the premature infant is usually kept in the hospital until he weighs at least 5½ pounds—the size of a small full-term infant.

First there is the physical problem. Any 5- to 6-pound baby has little subcutaneous fat; therefore he requires better regulation of the surrounding temperature than does a larger baby. Often he is a feeding problem—he is slow and lazy when nursing, requiring skill and patience on the part of the person who feeds him. He is prone to infections of the skin, of the respiratory and alimentary tracts. To be sure, in all this he differs little from other small babies and it might be well to suggest the use of a plan such as this in the care of any low-weight baby.

But the infant born prematurely has greater claims to special care than the small full-term infant. One claim is perhaps unimportant in

[1] Based on paper given at the Second Nursing Institute on Premature Infants, New York, March 29, 1940.

the eyes of some but should be briefly mentioned. The cost of a well-staffed unit for premature infants is enormous. Each premature infant therefore represents a large outlay in time and energy, as any nurse working with these infants knows, and of dollars and cents, as any hospital business office will and does loudly testify. It would seem plain common sense to safeguard this investment by every known means.

The most compelling claim for added care during the infant's first days at home is almost uniformly overlooked. That is the psychological tangle in which many mothers of such infants find themselves when they are at last faced with the knowledge that they must now be responsible for their babies.

Let us go back and briefly review the series of minor and major shocks which explain the mother's state of mind.

First came the totally unexpected premature labor. Many arrangements for the new baby were still incomplete. Perhaps the other children had to be left without adequate care. Added to these worries about her home was the fear of losing the infant because of his early arrival.

The postpartum period, too, was difficult. She had a baby, but she had never seen him. In the hospital ward her neighbors nursed their infants five or six times daily. She had no infant to nurse. It was not until about the eighth or ninth day that she saw her child and then only briefly through a window. How unsatisfactory not to feel him, hold him, even see all of him! Perhaps she was shocked at his small size. Then came her return home. During the next few weeks the baby seemed less hers than ever.

Finally, when she was strong enough for the trip to the hospital, the situation became worse rather than better. She became more and more impressed with the fact that the hospital considered it necessary to employ trained nurses, gowned and masked, to handle this child which she, the mother, was about to take into her own unskillful hands. The longer the baby stayed, the more she came to doubt her ability to handle him. Many nurses have had the experience of hearing a mother make one excuse after another to avoid taking the infant home. First she asserts that she lacks necessary equipment. When this is provided, she develops a sore throat (without redness, to be sure). Finally, she stays away altogether.

It was to safeguard the health of the child and the investment of the hospital, to help the mother to adust to her baby and the baby to adjust to his home that the following plan was devised for the use of New York Hospital with the aid of the Henry Street Visiting Nurse Service. It followed closely a trial plan used under the guidance of the United States Children's Bureau the year before.

Five or six days after the birth of the infant a medical social worker from the pediatric service visits the mother in the ward. She learns what the economic status of the family is, how many rooms there are in the home, and how many persons occupy these rooms, and, finally, what specific preparations have been made for the care of the infant. Often she finds that the family is entirely sufficient, and she steps out of the picture. Frequently she discovers that help is necessary. It may be merely guidance in purchasing equipment or planning the baby's room. It may be that material help is needed—clothing or a bed. Occasionally she uncovers a situation requiring intensive social service. Obviously, if another social agency is already interested, she puts the problem before its workers, but she sees to it that the responsibility is taken by someone if not by her own organization. A report of her findings is sent to the nursery for premature infants, for the guidance of doctors and nurses.

If the mother has breast milk when she is discharged, a notice to this effect is sent to the district office of the visiting-nurse service. A nurse is sent by them to assist the mother to follow hospital instructions for the maintenance of her milk.

A week before the infant is to be discharged another notice is sent to the district office together with a copy of the social-service findings. The nurse now visits the home to make sure that preparations for the baby's reception are complete. In addition, she notes whether there is infection in the home and whether the mother is well enough to assume the care of the baby.

She reports her findings to the nurse in charge of the premature infant, so that necessary action may be taken by the medical staff, if the infant is to stay in the hospital longer than was planned, or by the social-service staff if it is necessary to send the infant to a boarding home.

Two or three days before the infant's discharge from the hospital the mother is asked to spend part of each day in the nursery, observing the infant and learning to feed him and give him the necessary vitamin supplements, to bathe him, and to prepare the feeding. If she has maintained her breast milk, the baby is taught to nurse.

The day before the infant is discharged a final notice is sent to the district office of the visiting nurse service. This brings the nurse to the home the morning after his arrival to assist with his care. After this the number of visits the nurse makes is determined by the ability or inability of the mother to handle the situation. The nurse always makes at least one more visit, usually she makes four or five, and occasionaly she continues them for months.

What these visits do for the peace of mind of a harassed mother is easy to imagine. To have a professional person advise with her before the infant comes home and promise to return the day after he arrives gives her much-needed confidence. At the hospital we have noted much less reluctance on the part of the nervous mother to take her infant home since this cooperative plan has been in use.

The value of the plan to the hospital may not be so evident. Because the experienced visiting nurse can handle many of the minor problems that arise, reassuring the mother as to stools, hiccoughs, spitting, umbilical hernias, and the dozen other worries the mother with a new infant may have, she prevents many an unnecessary hospital visit. This means that the mother has time to wash the diapers and do the housework instead of sitting for hours in a crowded clinic. It also saves her from exposing her tiny baby to all sorts of infection. On the other hand, if there is something really wrong, if the infant fails to gain weight or seems ill, the nurse can and does encourage the mother to bring the infant to the clinic for medical care. Although it has not been proved statistically, it is believed that hospital admissions have been greatly reduced in the group of infants cared for under this plan. We know that in the past 15 months only 7 of about 130 premature infants have had to be readmitted to the New York Hospital because of infection. The hospital maintains a follow-up clinic for premature infants, and the visiting nurse is of assistance in encouraging regular attendance.

Probably the plan outlined could and in time will be improved, but from it we have learned that the visiting nurse and social-service worker are indispensable in the early care of the premature infant in the home and that they successfully bridge the gap, first between hospital and home and then between home and clinic.

A Unique Experiment in Postgraduate Medical Education

By Jessie M. Bierman, M. D.

Assistant Director, Maternal and Child Health Division, U. S. Children's Bureau

In these days when great emphasis is being placed on postgraduate medical education, it is of interest to observe the success of an experiment in this field which was begun 19 years ago and which has become an established institution. To the Southern Pediatric Seminar at Saluda, N. C., in the Blue Ridge Mountains, a group of general practitioners from all over the South gather each year in July for 2 weeks to learn how they can take better care of the mothers and children in their practices. Their teachers are the leading pediatricians and obstetricians of the South who volunteer their services and pay their own expenses to attend the seminar. Eleven of the twelve surviving members of the original faculty of 16 are still serving, and a number of other faculty members have served for 10 to 15 years. Many of

the general practitioners, too, have been back year after year to learn "what's new."

The seminar has had an interesting history. Twenty-six years ago Dr. Lesesne Smith, of Spartanburg, S. C., having observed that his own children recovered from summer illnesses so much more rapidly in the mountains than in the heat of the lowlands, established a small hospital for babies at Saluda where his patients could be cared for during the hot summer months. Provision was made from community funds for free hospitalization of infants whose parents were unable to pay for care. Quarters were provided so that the mothers could remain with their sick children. This arrangement, in addition to giving the mothers also the benefit of the mountain climate, afforded an opportunity to teach them how to take better care of their children.

After a few years Dr. Smith and Dr. Frank Howard Richardson became interested in the idea of affording general practitioners an opportunity to learn more about pediatrics. Their idea met with a cordial response from many of the leading pediatricians of the South. As a result the Southern Pediatric Seminar was organized in July 1921 by the following group of pediatricians and other specialists: Dr. William A. Mulherin, Augusta, Ga.; Dr. Frank Howard Richardson, Brooklyn, N. Y., and Black Mountain, N. C.; Dr. D. Lesesne Smith, Spartanburg, S. C., and Saluda, N. C.; Dr. William P. Cornell, Columbia, S. C.; Dr. R. M. Pollitzer, Charleston, S. C.; Dr. Lawrence T. Royster (then of Norfolk, Va., now of University, Va.); Dr. William Weston, Columbia, S. C.; Dr. John LaBruce Ward, Asheville, N. C.; Dr. C. V. Akin, U. S. Public Health Service, Washington, D. C.; Dr. Francis Johnson, Charleston, S. C.; Dr. W. L. Funkhouser, Atlanta, Ga.; Dr. J. D. Love, Jacksonville, Fla.; Dr. Lewis W. Elias, Asheville, N. C.; Dr. E. A. Hines, Seneca, S. C.; Dr. Oren Moore, Charlotte, N. C.; Dr. O. L. Miller, Charlotte, N. C.

Dr. Mulherin, who at that time was chairman of the pediatric section of the Southern Medical Association, was elected dean; Dr. Richardson, vice dean; and Dr. Smith, registrar. The course was established on a nonprofit basis, the students paying a registration fee to cover necessary expenses only.

The first year 5 students attended, the next year there were 21. Since then the average attendance has been 40 to 50, some years reaching as high as 100.

The third year the following persons were added to the faculty: Dr. Owen H. Wilson, of Vanderbilt University, Nashville, Tenn.; Dr. Robert Strong, of Tulane University, New Orleans, La.; Dr. Charles J. Bloom, of New Orleans, La.; Dr. Ross Snyder, of Birmingham, Ala.; and Dr. Stewart Welch, of Birmingham, Ala. Other additions have been made from time to time. Since the death of Dr. Mulherin, Dr. Samuel Ravenel has been elected dean.

The course has come to include lectures and clinical demonstrations dealing with all the common pediatric and obstetric problems a physician is likely to meet in general practice. Each faculty member gives two or three lectures on subjects in which he is especially interested. Infant feeding, the management of diarrhea and enteritis, rickets, care of newborn infants, vitamin deficiencies, chemotherapy, endocrinology, tuberculosis, congenital syphilis, allergy, and child behavior were among the pediatric subjects included at the 1940 session. Some lectures on obstetrics have been included during the past few years. Demonstration well-child conferences have been given to illustrate modern methods of keeping children well. Several of the State health departments of the South have for the past 2 years provided scholarships for their local health officers and health-conference physicians.

Each morning session consists of three lectures and a clinical demonstration. The afternoons are given over to round-table discussions and to well-child demonstrations. Free discussion and an air of informality characterize the sessions. To one familiar with the "lobby sessions" of most medical meetings, the faithful attendance at lectures is striking. A contributing factor may well be the seating arrangements. The seminar hall is equipped with old pullman seats, and one can sit for hours without discomfort. In addition, there is a 10-minute

"pause that refreshes" between lectures. Another factor undoubtedly contributing to the friendly atmosphere is the fact that cottages for living quarters are provided, a common dining room is used, and square dances are given on Wednesday nights. Many of the doctors bring their wives, some of whom attend the lectures.

At the close of the session each summer the "student body" has a meeting at which the merits and demerits of the course are discussed and suggestions made to the faculty for improvements for the next year.

Progress Report on Services for Crippled Children

Under Title V, Part 2, of the Social Security Act[1]

By Robert C. Hood, M. D.

Director, Crippled Children's Division, U. S. Children's Bureau

Continued progress has been made in the development of services for crippled children under the Social Security Act. The recommendations of the Advisory Committee on Services for Crippled Children have been accepted by many State agencies, which have translated them into effective action.

Every State is now receiving Federal grants-in-aid for services for crippled children and has an active program in operation.

Crippled children's services in the 51 States,[2] are administered by a variety of agencies; 26 by departments of health, 14 by departments of welfare, 5 by departments of education, 5 by crippled children's commissions, and 1 by a university hospital. Puerto Rico became eligible for Federal aid for this purpose on January 1, 1940, and the Insular Department of Health has prepared a plan of services for the fiscal year 1941. (This was approved July 29, 1940.)

Registration of crippled children is more nearly complete than at any time in the past. At the present time there are more than 250,000 crippled children under 21 years of age on State registers. Progress in State registration of crippled children has been made from year to year and from quarter to quarter since 1936, as shown by the accompanying table.

Growth of State Registers of Crippled Children, Sept. 30, 1936, to Mar. 31, 1940

Quarter ended	Number of crippled children registered	Number of States reporting
Sept. 30, 1936	85,000	34
Dec. 31, 1936	97,000	36
Mar. 31, 1937	109,000	37
June 30, 1937	119,000	39
Sept. 30, 1937	120,000	43
Dec. 31, 1937	133,000	44
Mar. 31, 1938	146,000	47
June 30, 1938	147,000	49
Sept. 30, 1938	156,000	50
Dec. 31, 1938	172,000	50
Mar. 31, 1939	199,000	50
June 30, 1939	225,000	51
Sept. 30, 1939	237,000	51
Dec. 31, 1939	249,000	51
Mar. 31, 1940	255,000	51

The reports on activities under the crippled children's program for the calendar year 1939 show approximately 193,000 visits made to diagnostic and treatment clinics; about 42,000 admissions to hospitals for children who received hospital care totaling 1,400,000 days; approximately 6,500 admissions to convalescent-home care; more than 2,500 to foster-home care; nearly 207,000 visits made by public-health nurses; 172,000 visits by physical-therapy tech-

[1] This is in substance a report presented before the General Advisory Committee on Maternal and Child-Welfare Services, March 4, 1940. Later information has been incorporated where available.

[2] The term "States," as used throughout this paper, includes Alaska, Hawaii, and the District of Columbia.

nicians; in addition, 16,000 children were given medical social service; and nearly 4,000 crippled children were referred to the State vocational-rehabilitation agencies.

A significant item in the program is the improved service given in epidemics. There were rather severe epidemics of poliomyelitis in several States. In South Carolina nearly 500 cases were reported.[3] In this State it was possible to improve early diagnostic and hospital facilities for the care of children affected and to provide for temporary appliances. The State agency also provided in-service training for nurses and workers on its staff and for orthopedic and pediatric consultation services during the epidemic.

The State of Maryland, through a private organization, provided temporary splints for all children who were paralyzed by infantile paralysis during the year. These were made immediately available through the State health department so that any physician could telegraph certain basic measurements and have temporary appliances sent.

A significant factor in the improvement of services in the fiscal year 1940 was the additional funds made available by Congress for the crippled children's program. The original act as passed in 1935 authorized the appropriation of $2,850,000 annually for grants to the States for services for crippled children with the requirement that the grants be matched by the States. Congress in 1939 authorized an additional annual appropriation of $1,000,000 for crippled children's services. This additional money is available for grants to the States on the basis of need, and no requirement is made that these funds be matched by the States. Congress, doubtless, took into consideration the fact that on May 15, 1939, reports from the States showed that there were more than 12,000 children on State registers who were in need of care that could not be provided because of lack of funds.

Of the additional money authorized by Congress, $500,000 was appropriated for the fiscal year ending June 30, 1940, and is being used in part for those States most in need of financial assistance to enable them to care for crippled children. A portion of this fund was set aside by the Children's Bureau for allotments to States which desired to make a beginning in the development of services for children suffering from heart disease and acute rheumatic fever. The Bureau added to its staff a cardiac consultant. Plans which are being worked out in a number of States for services to children with heart disease include provision for the location of children with rheumatic heart disease; arrangements for diagnosis, hospitalization, and convalescent care; and the employment of professional personnel with special training in this field.

There are in this country large unmet needs of handicapped children with many types of crippling other than orthopedic and plastic impairments. For example, it has been estimated that there are approximately 400,000 children suffering from rheumatic heart disease; approximately 60,000 children with severe visual defects; and 7 to 10 million children with refractive errors. Approximately 2 million children have defective hearing, and more than two-thirds of school children have dental defects. The State and Federal funds now available are insufficient to meet these needs.

Since the last meeting of the Advisory Committee on Services for Crippled Children a survey has been made of the types of crippling included on State registers. In a review of 140,000 children on State registers in 1938 it was found that 97 percent were suffering from orthopedic and plastic impairments and only 3 percent from other types of crippling.

A review of reports received on 188,579 children listed on State registers as of December 31, 1939, showed that 19.2 percent of these children had poliomyelitis; 10.2 percent, cerebral palsy, and 2.4 percent, other birth paralyses; 7.3 percent, clubfoot; 5.9 percent, osteomyelitis; approximately 4.4 percent, harelip and cleft palate; 3.8 percent, tuberculosis of the bones and joints; 3.6 percent, scoliosis; 3.0 percent, rickets; and 2.2 percent, burns. The remainder of 38 percent is comprised of "all other known defi-

[3] *See* The Poliomyelitis Epidemic in Charleston County, S. C., by Margaret Arey, R. N. *The Child*, Vol. 5, No. 2 (August 1940).

nite diagnoses" and a very small number of "provisional diagnoses."[4]

It is interesting to note the types of crippling the States are dealing with in their programs and to realize that poliomyelitis does not constitute so great a proportion of the number of crippled children as was believed in the past.

Diagnostic clinics have shown a marked improvement. Progress reports for the year ended June 30, 1939, from 50 States (not including South Dakota) recorded 359 permanent diagnostic clinics and 507 itinerant clinics in operation.

The number of itinerant clinics held for diagnostic services only was 430 and the number held for both diagnosis and treatment was 64. In only 46 of the 507 itinerant clinics was there a pediatrician in attendance. Local physicians attended the majority of these itinerant clinics to observe and many attended the permanent clinics. In 8 States the local physicians attending the clinics assisted with the general physical examination.

Of the 522 hospitals used for crippled children in 50 States reporting, 92 percent were approved by the American College of Surgeons. This is a significant improvement over the preceding year. On the recommendations of advisory committees, Federal and State, the State agencies started their programs by requiring approval by the American College of Surgeons as one of the basic hospital standards. From observation of the type of service provided by hospitals it is apparent that additional standards are needed to indicate whether a hospital is equipped to handle services for crippled children. Each year hospital facilities are improving, and more hospitals are meeting the established standard.

Of the 50 States reporting, 30 States reported the use of 81 convalescent homes for crippled children. Five hundred and twenty-six foster homes were used in 36 of the 50 States. It is now possible to reduce the number of days of hospital care by the more extensive use of convalescent and foster homes.

[4] Crippling Conditions Found Among Children on State Registers, December 31, 1939 (*Social Statistics*, June 1940, Supplement to *The Child*, Vol. 4, No. 12).

Certain special projects in the crippled children's program have been continued and extended during the past year. Special services for children suffering from birth palsy carried on in New Jersey, Maryland, Indiana, and Nebraska are being further developed. Speech correction is being provided in Utah and Hawaii for children who have been operated on for harelip and cleft-palate deformities. Summer camps for crippled children are provided in North Dakota, Maryland, and Rhode Island.

A number of States have rounded out their State registers and established approved methods of reporting through the use of Work Projects Administration personnel. Teaching programs for crippled children in their own homes are carried on as WPA projects in Arizona, Colorado, the District of Columbia, and Montana.

The qualifications of the professional personnel employed in the crippled children's program have continued to improve. Of 189 nurses employed under the crippled children's program, 69 had completed an approved course in public-health nursing, 40 had preparation in orthopedic nursing, and 18 had completed an approved course in physiotherapy. Twenty-nine workers employed on State staffs had completed an approved course in medical social work.

The State agencies have continued training programs for State staffs. During the past year 73 persons received training in some field from crippled children's funds. Thirty-five received training in orthopedic nursing, 20 in public-health nursing, 14 in physiotherapy, and 4 in medical social work.

In 24 States a postgraduate course for local physicians was conducted by the State crippled children's agency.

The qualifications of the surgeons providing services for crippled children under State programs have been maintained at a high level. Of the 529 orthopedic surgeons employed by 50 States reporting, 69 percent were certified by the American Board of Orthopedic Surgery, a substantial increase over the number certified in the previous year. Forty-four percent of the specialists in plastic surgery employed by

State agencies were certified by the American Board of Plastic Surgery or the American Board of Surgery.

The Social Security Act amendments (approved August 10, 1939) included the provision that the State plans for services for crippled children after January 1, 1940, should include provision for the establishment and maintenance of personnel standards on a merit basis. After consultation with the Federal agencies administering social-security programs and with State officials, the Children's Bureau issued recommended standards for the establishment and maintenance of a merit system of personnel administration, including qualifications for professional employees in the crippled children's program. These were issued for the guidance of the State crippled children's agencies. By March 1, 1940, every State crippled children's agency but 1 had adopted standards for the development of its merit-system plan. (By July 1 every State but 2 had submitted rules and regulations, and review and approval by the Children's Bureau had been completed for 16 States.)

In the development of the crippled children's program the State agencies have continued to seek the cooperation of public and private organizations in this field. At the present time 48 States have general advisory committees on services for crippled children, the members of which are drawn from various organizations and professional bodies. Thirty-three States have technical advisory committees.

A difficult problem for the State agencies is the provision of care for crippled children who have moved across State lines but who have not acquired legal residence in the new State. Reciprocal agreements providing for the care of crippled children moving across State lines are in operation in more than half of the States; only 13 States reported such agreements during the preceding year. Under these agreements the State agencies arrange for care for children from outside their borders, the agency from the State of former residence paying for care until legal residence is established in the new State.

There are many unmet needs in the crippled children's program. The following proposals are presented for its further development:

1. Continuation of emphasis in all phases of the program on improvement in the quality of care.
2. More provision for service for children with types of crippling other than orthopedic and plastic impairments and for crippled children in migratory families and minority groups.
3. Improvement in clinic service to provide for reexamination as well as initial diagnosis; more effective follow-up of recommendations for treatment; more effective coordination of State and local services.
4. Improvement in hospital and convalescent-home standards, with particular reference to the provision of more adequate medical supervision by qualified pediatricians; facilities for the isolation of children on admission to institutions and of those who develop contagious diseases during their sojourn.
5. Universal adoption by State health departments of standard birth certificates with provision for reporting birth injuries and congenital abnormalities.

NOTE

To the members of the Children's Bureau General Advisory Committee on Maternal and Child-Welfare Services listed in *The Child* for August 1940 (p. 55), Dr. Morrey's name should be added as follows:

Lon W. Morrey D. D. S., Chicago, Ill.; Supervisor, Bureau of Public Relations, American Dental Association.

The New York Hospital Quarterly The July 1940 issue of the *Quarterly* published by the Society of the New York Hospital and printed in the New York Hospital Print Shop contains a description of the work for premature babies being done at that hospital, in which the Children's Bureau is cooperating. The article is illustrated with photographs showing equipment and methods of care.

BOOK NOTES

SUPERVISION IN PUBLIC HEALTH NURSING, by Violet H. Hodgson. Commonwealth Fund, New York, 1939. 376 pp. $2.50.

Mrs. Hodgson's book is a particularly significant addition to public-health-nursing literature, since it is the first book to be devoted exclusively to the subject of supervision in this field.

There is a brief description of the historical development of supervision in public-health nursing. Several of the 20 chapters are devoted to a detailed account of the various organization patterns within which supervision operates.

Throughout the book there is considerable discussion of the philosophy of supervision, based on the principle that true democratic leadership draws on the abilities and intelligence of the staff members and that the aims of the agency are achieved through their growth and development. In view of the present-day emphasis on academic degrees, it is interesting to note that Mrs. Hodgson says, "Knowledge alone does not make a leader." She stresses the more intangible characteristics, particularly ability to work with others.

The greater part of the book is devoted to discussion and evaluation of the tools of supervision—the methods and techniques of supervisory practices. Planned supervision can be effectively put into practice, Mrs. Hodgson believes, through: The principles and methods of teaching; individual and group conferences; records and reports; planned programs for the introduction of personnel to the service; observation visits with staff nurses to the homes and to the clinic; evaluation and rating.

Of distinct interest to Federal, State, and other large nursing services is the chapter on specialized supervision or, as Mrs. Hodgson terms it, specialized consultation. She distinguishes the functions of the specialized supervisor from those of the general supervisor by emphasizing the educational character of the specialist's work and the administrative responsibilities that are usually included in the general supervisor's work.

N. D.

CONVALESCENT CARE—Proceedings of the Conference Held Under the Auspices of the Committee on Public Health Relations of the New York Academy of Medicine, November 9 and 10, 1939. New York Academy of Medicine, 2 East One Hundred and Third Street, New York, 1940. 261 pp.

This report of the formal papers and discussion of convalescent care will be welcomed by a variety of professional groups because of the paucity of literature on the subject. The publication of this book was made possible by the financial support of the Josiah Macy, Jr., Foundation and the McGregor Health Foundation. It is not for sale but may be obtained free from the New York Academy of Medicine by professional persons as long as the supply lasts.

The report states that "this conference was national in scope and was prompted by the recognition of the fact that convalescence is a sadly neglected field of medical care." The report is divided into three sections, the first on medical aspects of convalescence, the second on socioeconomic aspects, and the third on a general review of the total situation. The section on medical aspects includes scientific discussion of convalescent care in relation to various types of patients according to specific diseases.

Very informative papers are included also on convalescent care of children and on the convalescence of aged persons. The paper on children calls attention to the fact that "the convalescent home is merely a temporary agency for the care of the child, and his future care is the responsibility of the referring medical agency." As a means of achieving coordination between the referring agency and the convalescent home there is a recommendation for a qualified medical social worker to act as liason officer. A later paper on convalescent care in the home includes a description of a plan for using foster homes for convalescent care of children, which enumerates the advantages of such homes.

Frequent reference is made to the inadequacy of facilities in all parts of the country. "One-half of the convalescent home facilities in the United States are available for New York City residents." There are 24 States that have no convalescent facilities in institutions.

Repeated emphasis is given to the new thought in convalescent care that "the special need of the particular individual who is seeking to regain health, rather than the convalescent care of a case of pneumonia, or rheumatic fever, or appendicitis, is the thing of paramount importance." This emphasis on the need for studying the problem of the individual draws added significance from the fact that "no two diseases can possibly produce the same state of bodily and psychological effects after the illness subsides and convalescence begins."

In a final paper E. H. L. Corwin reviews the lamentable situation in regard to convalescent care which, he says, one of the participants of the conference had aptly called "the unfinished business of medicine." He suggests a number of ways in which more adequate financing might be obtained, among them inclusion of provisions for convalescent care in group-hospitalization plans and in workmen's compensation laws. An earlier speaker suggested that convalescent care should

be included in the National Health Bill. There is a broad description of convalescent care as a "creative dynamic force, applied to persons recovering from either acute diseases or operations, or from the exacerbations of chronic maladies, a force which brings into play all the resources of mind and body, of medicine and psychology, to offset the baneful somatic and mental effects of illness. . . . Its aim is restoration of the adult to a state of health, mental poise, and usefulness and of the child to the usual activities of childhood. Convalescent care saves, or should save, the patients the anguish of relapse and of a repeated malady; it saves, or should save, the communities the cost of preventable illness."

M. W. K.

RHEUMATIC FEVER; studies of the epidemiology, manifestations, diagnosis, and treatment of the disease during the first three decades, by May G. Wilson, M. D. Commonwealth Fund, New York, 1940. 595 pp. $4.50.

Dr. Wilson, after more than 20 years' opportunity to observe children with rheumatic fever, has written a book "to present in a systematic way our observations and the factual information we have obtained relative to the etiology, manifestations, course, diagnosis, and prognosis of childhood rheumatism. No attempt has been made to prepare a textbook or a comprehensive critical review of rheumatic fever."

Part I, Epidemiology and Etiology of Rheumatic Fever, contains a detailed account of Dr. Wilson's investigations in the controversial field of the etiology of rheumatic fever. Much of her work on the role of heredity, environment, and streptococcal infection in the causation of rheumatic fever has been published previously: her views that the streptococcus has not been proved to have etiologic significance in rheumatic fever and that hereditary susceptibility underlies the familial incidence of the disease are well-known. Although views and investigations other than the author's are not presented completely, a full bibliography is appended.

Part II, Manifestations of Childhood Rheumatism, Clinical and Pathological, and part III, The Course of Rheumatic Fever in the First Three Decades, are based on the study of 647 patients whose protocols are given in graphic form for the benefit of the careful student of the disease. The data have been analyzed to give information concerning the course and prognosis of rheumatic fever.

Although some general discussion of diagnosis is included, part IV, Diagnosis of Rheumatic Heart Disease in Children, is concerned principally with Dr. Wilson's work in connection with the regression of physical signs, the fluoroscopic examination of the heart, the interpretation of the vital capacity, and exercise tolerance tests. Part V is a brief discussion of The Care and Management of the Rheumatic Child.

B. H.

LET'S TALK ABOUT YOUR BABY, by H. Kent Tenney, Jr., M. D. University of Minnesota Press, Minneapolis, 1940. 115 pp. $1.

In Let's Talk About Your Baby, Dr. Tenney, associate professor of pediatrics at the University of Wisconsin Medical School and associate pediatrician to the State of Wisconsin General Hospital, discusses the health aspects of the infant's first year of life.

The book is written in conversational style with an occasional touch of humor. Each of the six chapters represents a health examination of the infant and begins with a monologue by the baby himself. The items of most interest to the mother at the time of each visit are discussed as though the doctor were talking with the mother.

In the first chapter the mother and baby are just leaving the hospital, and many practical suggestions are given in regard to providing for the care of the baby at home.

In the sixth chapter the baby has reached 9 months of age, and the doctor gives advice on many items of concern to most mothers. This chapter concludes with notes for the mother on each of the common diseases of infancy, giving her useful information but not encouraging her to try to treat her child should he become ill.

D. V. W.

The Children's Bureau *does not distribute* the publications to which reference is made in THE CHILD except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

Care of Children in Their Own Homes Through Supervised Homemaker Service

By Elinore R. Woldman [1]

Chairman, Committee on Supervised Homemaker-Housekeeper Service

Care of children in their own homes is a concept which is steadily increasing in importance as pediatricians, psychiatrists, social workers, and educators grow in their understanding of the significance of the family to the development of the child. To each child his own father, mother, sisters, and brothers—his own family—is his natural habitat and setting. Removal to another setting should be made only when the child's own family group cannot provide him with the opportunity for satisfactory development as an individual and as a member of his community. This accepted principle has served as an impetus to a rapidly growing, relatively new service to families—the supervised homemaker-housekeeper service.

When a mother is temporarily or permanently ill, or is entirely out of the family picture, an increasing number of communities provide this service, thereby enabling children to remain in their own homes. When this service is not available, the illness or death of the mother frequently results in the total disintegration of the family unit with the children placed in institutions or foster homes. As in the case of foster mothers, the social agency selects kindly, understanding, adaptable women, who are given continuous training in child care and household duties. The difference is that in foster-home care it is the child who is removed to the new setting, while in the supervised homemaker service, it is the homemaker or housekeeper who is placed in the family setting. This implies a lesser degree of adjustment on the part of the child, but it necessitates the selection of women who are capable of stepping into a family situation often chaotic because of the mother's illness or death, and who can accept and help maintain the family's pattern of living.

The objective of this service is the preservation of home values and not just the routine accomplishment of household tasks. As the majority of families needing and receiving such service have marginal or less than marginal incomes, ability to stretch the family dollar to provide wholesome nutritious food is a requisite.

In communities where this service is well integrated and understood, the social agency has more suitable applicants for jobs as homemakers than are needed. However, unlike an employment agency, selection of the homemaker is only the first step. When a social agency provides the opportunity for a family to continue as a family unit, two major responsibilities have been assumed:

1. The decision that the particular family needs, desires, and can profit best by this service with full consideration of the advantages and disadvantages of all other available forms of care.

2. The provision that the family unit with the use of the supervised homemaker *continue* to provide maximum opportunity for the healthy, happy development and growth of its family members.

[1] Mrs. Woldman is supervisor of the Jewish Social Service Bureau, Cleveland, Ohio.

Although each family differs from other families, three general types of situations may be described.

The supervised housekeeper frequently gives temporary or interim care.

For example: Mrs. B must be hospitalized for gallbladder surgery. Mr. B's work at the factory necessitates his leaving home at 7:15 a. m. and returning at 5 p. m. Their three children range in age from a boy of 11 years to a baby of 14 months. There are no interested relatives, and neighbors are too immersed in their own trouble and work to be of any assistance. Mrs. B will be in the hospital for approximately 12 days, and then will be at home in bed for 2 weeks. In order to guard against relapse, further surgery, or incapacity, her convalescence should be geared to her returning strength. Here housekeeper service is needed in order that Mrs. B may go to the hospital relieved of the worry over the care of her children, that the children's school and home routine may not be disrupted, and that Mrs. B may return to her own well-ordered household to convalesce, gradually assuming her household duties as her strength returns. As the number of hours of housekeeper service depends on the family's needs, in this instance the housekeeper would either come in at 7 a. m. and leave at 5 or 5:30 p. m., or would stay nights.

The objective in this interim type of supervised homemaker service is the maintenance of the family unit, routine, and pattern during the temporary absence of the mother from the home. In some communities the need for convalescent homes has been lessened through this service, as the convalescent mother is returned from the hospital or sanitarium to her own home, where she receives care as a member of her family unit.

A second general grouping is that in which the function of supervised homemaker service is to give the family and the case worker a chance to crystallize plans.

For example: Mrs. C died following injuries suffered in an automobile accident. Mr. C comes to the agency asking for plans for care of his four children. Although this is his expressed reason for coming to the agency office, he can talk and think of little else but the fact that he was driving—there was an accident—his wife was hurt—she died. Therefore, he blames himself for her death. He is in no condition to think through long-time plans for the care of his children . Yet they need emergency care. To remove them immediately to a shelter home, a temporary foster home, or institution may mean not only the severing of all home ties but may necessitate replacement or unsatisfactory placement because of the emergency nature of the plan. This was discussed with Mr. C, who gladly welcomed the supervised homemaker plan.

Thus supervised homemaker service may be used as an exploratory plan in order to: (1) Give emergency care to children; (2) give the father an opportunity to think through various plans; (3) offer an actual demonstration of supervised homemaker service to the family without disturbing its usual life routine; (4) afford to the social case worker observational data on the family members and their interrelationships pertinent to the formulation of a plan for long-time care. If placement is indicated, opportunity is thus provided for finding that placement which is best suited to each child.

The third general grouping is that in which it is definitely ascertained that a family needs, desires, and would benefit by the continuation of its family unity, which is made possible by the use of a supervised homemaker.

In such a situation the mother role is assumed by the homemaker under the supervision of the case worker. Here the objective is the maintenance of the household with emphasis on the consistent understanding and affectionate relationship essential for the physical and emotional development of the child. This type of service for want of a better term has been referred to as "inclusive care." Here service may continue as long as the children need it.

Regardless of the stage of development of this service in a given community, there are challenging concepts and problems with an ever-present search for newer, better, additional ways of solving them. For each community separately and individually to work through each step is a costly trial-and-error method. With the recognition of the need for and the value of such a means of care of children, the United States Children's Bureau has responded to the increasing requests for information, guidance, and consultation. In November 1937 a conference on housekeeper service under the auspices of the Children's Bureau was attended by representatives of national and local agencies in the fields of social work, public-health nursing, home economics, vocational training, and the employment of women workers. The need for gathering some

data on the actual functioning of homemaker service was indicated, and as a result a study was conducted by a member of the Children's Bureau staff, who visited 17 cities in which various types of housekeeper service were being provided. Information was obtained on the organization, scope of activities, and programs of agencies.[2]

Staff members of agencies providing this service have met informally in 1939 and 1940 to discuss basic problems involved and to arrive at accepted basic concepts. Thus, this Committee on Supervised Homemaker-Housekeeper Service is the present medium of exchange and pooling of experiences, joint thinking, and study. At the meeting at the National Conference of Social Work in Grand Rapids, Mich., in May 1940 the group unanimously agreed that the present informal committee organization should continue. The Children's Bureau agreed to provide services in the circulation of pertinent material, including basic concepts, basic safeguards, illustrations for study and interpretation, and consultation services to those communities and agencies on request.

The next meeting will be held in Cleveland on October 14 and 15, 1940, with the following agenda:

1. Discussion of basic principles.
2. Continuation of discussion of material revealed in 1939–40 committee project. This includes selection of families, training and supervision of housekeepers, and further discussion of suggested terminology.
3. Development of a program of study for the coming winter with the formulation of necessary committees.
4. General plans for the program at the 1941 National Conference of Social Work.

This service is yet in its infancy and only by objective, concerted study and trial can its efficacy be fully realized. It must not be assumed that this form of care is a panacea for all cases involving child care, and caution must be exercised in its application and use.

[2] Some Characteristics of Housekeeper Services in 10 Agencies. U. S. Department of Labor, Children's Bureau, March 1939. 11 pp. Mimeographed.

Congress Acts to Permit Evacuation of Children From War Zones in American Vessels

On August 27, 1940, the President of the United States approved an act to permit American vessels to assist in the evacuation from the war zones of certain refugee children (Public, No. 776, 76th Cong.). The act is in the form of an amendment to the Neutrality Act of 1939, to section 4 of which it adds a new subsection as follows:

(b) The provisions of sections 2 (a) and 3 shall not prohibit a vessel, in ballast, unarmed, and not under convoy, and transporting refugee children, under sixteen years of age, from war zones, or combat areas, and shall not prohibit such vessel entering into such war zones or combat areas for this purpose, together with such necessary American citizen adult personnel in charge as may be approved by the Secretary of State, subject to the provisions of the immigration laws, if such vessel is proceeding under safe conduct granted by all of the States named in the proclamations issued under the authority of section 1 (a), and if such vessel has painted on a large scale prominently, distinctly, and unmistakably on each side thereof and upon the superstructure thereof plainly visible from the air an American flag and a statement to the effect that such vessel is a refugee-child rescue ship of the United States or under United States registry: *Provided*, That every such child so brought into the United States shall, previous to departure from the port of embarkation, have been so sponsored by some responsible American person, natural or corporate, that he will not become a public charge.

Questions of ships that can be made available and of obtaining assurances of safe conduct from all belligerents are still being explored.

The Child Guidance Division

The name of the Delinquency Division of the United States Children's Bureau has been officially changed to the Child Guidance Division. The change is in keeping with the work and philosophy of the Division, which is concerned not only with the care of children who have become delinquent but with the early treatment of behavior problems, the prevention of delinquency, and the interrelations of these problems and their treatment with the whole field of child welfare.

BOOK NOTES

PSYCHIATRIC CLINICS FOR CHILDREN, with special reference to State programs, by Helen Leland Witmer, Ph. D. Commonwealth Fund, New York, 1940. 439 pp. $2.50.

A comprehensive picture is given in this book of the development of psychiatric clinical services for children as well as of the problems that need to be met when such services are conducted under State auspices. The description of the organization and programs of State-conducted clinics for children presented in part II of the volume is based on material collected in a survey conducted under the auspices of the National Committee for Mental Hygiene.

Part I presents the basic psychiatric theory, the evolution of clinical psychiatry in the United States, and the character of the present services of child-guidance clinics and psychiatric clinics. Part II describes the auspices under which State-financed clinics have been conducted, the type of staff employed, the programs of these clinics, and some of their common problems.

The author concludes that although many rural and small-city children have received an understanding examination from State clinics outside urban areas and the interest of teachers, nurses, and social workers in mental hygiene has been fostered, there has been no significant development of local services in the areas served. She suggests that what is needed is some method of working from the local community upward to the facilities of the State rather than a plan that moves in the opposite direction.

In part III the principles for future programs are discussed in the light of some of the obstacles experienced in providing psychiatric service for children under State auspices. Dr. Witmer suggests that many of the problems will disappear when a clinic can clearly define for itself and for the community its own conception of its function. In chapters 10, 11, and 12 she discusses the three objectives that have appeared in the motivation of State clinic-service: (1) The prevention of psychoses and delinquency; (2) the reduction of the number of admissions to State institutions; and (3) the promotion of the mental health of children.

In the discussion of the first of these objectives the findings of studies and the opinions of authorities in these fields are reviewed. The conclusions reached by the author are that potential psychoses can rarely be predicted in childhood, that the complexity of the causal factors in delinquency limits the effectiveness of a clinic in preventing delinquency, and "that psychiatric clinics can give help only with present difficulties and not with future contingencies."

That reduction of the number of admissions to State institutions for mentally defective children can be obtained only through the development of services that will assist in the adjustment of these children in their communities is clearly pointed out in the discussion of the second objective. The author explains that extensive modifications in the training of the staff and in the services provided would be required if clinics are to help parents and teachers of mentally handicapped children to plan for the maximum development of these children.

The discussion of the third objective—that of offering help to children who are handicapped by emotional difficulties—includes a description of basic psychiatric principles and of the differences between child guidance and other forms of child psychiatry. The author discusses the differences of opinion within the child-guidance field concerning the goal of treatment, treatment methods, and the relation of a clinic to the various agencies with which it works, all of which have important consequences for the work of clinics.

In the final chapter the author considers the essential characteristics of an effective program of clinical services for children living in small communities. She also presents some of the practical problems involved in State-supported clinic service, such as: The auspices under which it is conducted, the character and training of the staff, the procedure for providing psychiatric treatment and case-work services, and the relationship between the clinic and the community it serves.

M. R. C.

PUBLIC ASSISTANCE, VOL. I.—AMERICAN PRINCIPLES AND POLICIES, by Edith Abbott. University of Chicago Press, Chicago, 1940. 894 pp. $4.50.

In this first volume on Public Assistance, Miss Abbott has discussed comprehensively pertinent American principles and policies. Through some 700 pages of selected documents which include excerpts from State laws, court decisions, governmental reports, and other material, the student of public welfare has been provided with a wealth of material illustrating public-assistance philosophy and practice from colonial times to the present day. The documents selected show not only the progress that has been made but the confusion that has accompanied many of the efforts to develop a more humanitarian approach to the problems of persons in need.

The material is presented in five parts: The Principle of Public Responsibility; The Old Poor Law in the Twentieth Century; Local Responsibility and Medical Care; State Grants-in-Aid for Public Assistance; and Federal Aid and Emergency Relief. Each part is preceded by an introduction to the documentary material in which Miss Abbott expresses her own philosophy clearly and objectively, together with the basis for her opinion.

Miss Abbott points out that, although public responsibility for those in need has been an established policy

in the United States, poor laws have failed to define just what persons are entitled to relief. She is convinced that sufficient funds will not be available everywhere to aid those who are in need so long as administration remains in the local jurisdictions. She calls attention to the extremities to which poor persons are frequently driven in their attempts to prevent suffering on the part of members of their families and recommends that the old pauper laws be abolished or be rewritten in line with modern social-welfare programs.

Miss Abbott makes a plea for removal of local settlement provisions to make it possible for assistance to be given wherever and whenever need is discovered.

In the section devoted to transient or "unsettled" poor the author suggests that more equitable treatment would be possible if relief for the destitute migrant could be given on a national basis. She proposes that grants to States for assistance be made available through a Federal bureau to transients, contingent on the adoption of proper State regulations regarding settlement, particularly legislation which will make it impossible for a person to lose settlement in one place before he has acquired it elsewhere. She regards a uniform 1-year settlement law as practical and possible and believes a real effort should be made to secure agreement for a law of this kind in all the States.

Miss Abbott describes graphically the indignities and inadequate care which human beings have been foreed to endure because medical care has remained a local responsibility. She agrees heartily with the conclusion of the Interdepartmental Committee to Coordinate Health and Welfare Activities that the only way out of this difficulty is to make provision for Federal aid and some plan of financial cooperation between the State and the Federal Government which will make possible minimum health and medical services to the needy sick.

The author gives a detailed discussion of the historical background for State grants-in-aid and describes the struggles that took place in the early days of the depression between the proponents of public relief and persons who believed that the need could be met through private charity.

Attention is called to the evidence furnished by the depression that adequate relief can be obtained only through a public relief system with State and Federal funds to supplement the inadequate funds of the minor local authorities and a State administrative authority to standardize on a higher level and make uniform the widely varying methods of giving relief that are used by local authorities within a single State.

After describing the history of Federal aid in the nineteenth century and the attempts at Federal assistance under the Reconstruction Finance Corporation and the Federal Emergency Relief Administration, Miss Abbott concludes with the opinion that the Federal Emergency Relief Administration represented great gains in the relief program and in the national social-welfare program. Nevertheless, she finds the relief situation in many sections of the country just as tragic when the Federal Emergency Relief Administration came to an end in 1935 as it had been before the Federal relief act was passed.

In her second volume Miss Abbott plans to discuss the new forms for public aid which have been developed since the passage of the Social Security Act and the administration of work relief.

M. R. C.

ROOMS OF THEIR OWN; a survey of 28 Lower East Side Social Clubs, by Emeric Kurtagh, George Stoney, and Walter S. Child. Henry Street Settlement, 265 Henry Street, New York, June 1939. 79 pp. 50 cents.

Twenty-eight "cellar clubs" of lower east-side New York were studied in the course of this survey to determine their nature, purpose, and the differences among them. These social clubs, all located near the Henry Street Settlement, had very limited financial resources and consequently rented the cheapest rooms available. Boys and young men of like background and experience organized the clubs for social purposes. The age span for the individual club was seldom more than 4 years. The 707 club members had an average age of 24 years. The average age for one club was 17 years, and the average age of another was 35 years.

The Henry Street Settlement made this study because little was known about the 5,000 or more cellar clubs in New York City. The cooperation of the Federation of East Side Clubs was obtained in making the study, and a part of the report considers the activities of the federation itself. Three general types of clubs were found: (1) The closed or closely knit group; (2) the institution club, which is composed of a large membership divided into smaller groups; and (3) a "casual" or "jazz" club, which does not have a definite organization.

The study shows the spontaneous development of the clubs, the need of the club member to have a place of his own where he can have some privacy, the meager facilities of most of the clubs, and their need for assistance and guidance in program planning. The survey also emphasizes the need for a more inclusive study of social clubs.

As a study of recreational and social activities in a metropolitan area this should be of special interest to persons concerned with settlement activities.

D. H. F.

AN ADOPTED CHILD LOOKS AT ADOPTION, by Carol S. Prentice. D. Appleton-Century Co., New York, 1940. 222 pp. $2.

The author of this book, who was herself an adopted child and is also an adopting parent, has succeeded admirably in discussing objectively some of the problems and adjustments which must be faced in connection with adoption. When her own adoption took place

few safeguards had been set up. She is fully appreciative of the value of present-day safeguards and discusses them in the light of her own experiences and those of her friends and acquaintances, some of whom were sadly disappointed in their adventures into the field of adoption.

Stories of actual adoptions have been selected to illustrate some of the general questions pertaining to adoption. The author discusses the selection of the right home for the right child, the need for understanding the motives behind a desire to adopt a child, the relative importance of heredity and environment in adoption, some of the problems that must be faced in rearing a foster child, and the difficulties that may develop in bringing up own and adopted children in a single family.

A manual for adopting parents and a short bibliography are included.

LIFE, LIBERTY AND THE PURSUIT OF BREAD, by Carlisle Shafer and Carol Shafer. Columbia University Press, New York, 1940. 207 pp. $2.25.

The authors of this book have departed from traditional method in their presentation of pertinent fundamental problems found in every community which is at all aware of its social needs. The social-worker wife in letters to her husband, a teacher of social sciences, poses certain questions based on the individual problems of persons who have come to her attention in the course of her day-by-day work in a county relief office. These questions—which concern unemployment, low income, old age, broken homes, and health care—are answered in the letters from the husband.

The net result is a thought-provoking discussion with a distinct air of reality and a basis of social principles that are sound, if somewhat academic.

The chapter on fatherless homes concerns the problems of a mother in pursuit of security for her four children. In the final chapter on social work the wife endeavors to interpret social work to her somewhat skeptical husband.

The purpose of the book is summed up by the husband when he says, "Social scientists too often view humanity only in the abstract. Social workers too often see it only in the personal. Together we can reach a truer, more satisfactory view."

IN A MINOR KEY; Negro youth in story and fact, by Ira DeA. Reid. American Council on Education, Washington, 1940. 135 pp. $1.25.

This presentation of some problems of Negro youth confronting American democracy was prepared by Ira DeA. Reid for the American Youth Commission. The information given is in reference to the everyday realities of health, housing, education, vocational guidance and opportunity, and social planning and security. Any youngster in high school can identify himself and his problems with this material. Any adult attempting to fulfill his responsibility to young persons can perceive the challenge.

Each chapter is presented "in story" and "in fact." The fact is statistical material in narrative form. The story is a sociological interpretation of the information. Together they explain the significance of handicaps under which Negro youth grow up.

As a whole the book is highly objective. If it were not for the author's wit and humor the stark realities he has assembled might be more depressing than challenging. Each chapter has quotable passages.

The book does not claim to be conclusive, since it deals with a subject that is more heavily laden with story than with fact. For example, there is evidence of the short span of Negro youthhood—evidence that social and emotional adulthood descends quickly on chronologically youthful shoulders—but there is little accumulated knowledge on this subject. The author states and interprets problems of Negro youth, the solution of which must spring from the forces of social planning.

V. L.

EDUCATION AND ECONOMIC WELL-BEING IN AMERICAN DEMOCRACY. Educational Policies Commission, Washington, 1940. 227 pp. 50 cents.

How universal public education is related to the economic well-being of the country is the subject considered by the Educational Policies Commission of the National Education Association of the United States and the American Association of School Administrators in another of its studies in the series on education and democracy. The commission points out the extent to which immediate financial expediency, without regard to long-range effects, governs the present educational system. It deals with the contributions which education, both general and occupational, makes to productivity and with the amount of education necessary to achieve maximum productivity after paying the costs of education. Methods of selecting students for advanced training on the basis of ability rather than financial resources are discussed. The commission presents an estimate of the annual cost of a system of education which would make for maximum economic efficiency and suggests ways of financing it.

Although the commission as a whole had an active part in the preparation of this report and approved it for publication, Dr. John K. Norton had the chief responsibility for writing it.

ELEMENTARY EDUCATION; what is it? by Helen K. Mackintosh. Federal Security Agency, U. S. Office of Education. Bulletin 1940, No. 4, Part I. 31 pp.

This bulletin is the first of four proposed publications based on reactions to the committee reports presented during a conference on elementary education held at the Office of Education in June 1938.

This volume gives a bird's-eye view of elementary education—its nature and importance, together with its relation to and contribution to the whole process of education.

• CHILD LABOR •
• YOUTH EMPLOYMENT •
• VOCATIONAL OPPORTUNITIES •

Expediting the NYA Program

By Mary H. S. Hayes, Ph. D.

Director, Division of Youth Personnel, National Youth Administration, Washington, D. C.

Since it was established by President Roosevelt over 5 years ago, the National Youth Administration has opened new frontiers for American youth by providing them with the opportunity to earn and to learn.

The old opportunities inherent in a new Nation, with vast areas of free land and a hand-labor economy, vanished when the last homesteads were taken up, when giant corporations replaced individuals as the owners of our factories, and when the machine displaced human labor along the assembly line of mass-production industry.

Consequently, the National Youth Administration has geared its program to prepare young men and young women for such opportunities as exist in a machine age.

The ability of a large number of young men, and young women, too, to earn a living in the modern world requires their learning a mastery of the machine. Need for knowledge of machinery and of mechanical work of various kinds has become increasingly apparent as a result of the emphasis on national defense.

Quite logically, therefore, the National Youth Administration is placing increasing emphasis on projects which will provide young people with basic work experience and related training in various types of mechanical work.

Because of the increasing demand on the part of young people for elementary training of the kind provided on NYA work projects and to facilitate expansion of mechanical projects, the National Youth Administration has taken a number of steps to "streamline" its program.

The first of these steps was initiated by issuance of instructions to State Youth Administrators to expand the employment of youth in workshop projects.

A survey which was made in May 1940 showed that there were slightly over 38,000 young people employed in more than 2,000 NYA workshops. In addition to woodworking units these shops included 406 automotive units, 374 metal and mechanical units, 195 radio and electrical units, 67 airplane units, and 226 others of various types.

Under a program which is now going forward, employment of youth in shops of the various kinds is being brought up to 75,000. In many instances it is possible to double the employment in existing units by working two shifts instead of one. Other shops are being enlarged and provided with additional equipment.

In recent months the National Youth Administration has given mechanical-ability tests to 13,638 young men working in 590 shops in 43 States. These tests, which are a standardized form developed for use in the Navy Department and the Tennessee Valley Authority, reveal a high degree of mechanical ability in this group of needy young people. This indicates that among youth who have not the opportunity to attend trade and mechanical schools, there is a great untapped reservoir of ability which can

be directed into mechanical pursuits of value to the Nation at this time.

About 50,000 more forms for use in giving these standard tests have been distributed recently to NYA State offices. The test results will give NYA supervisory personnel another tool for determining those young people who are most likely to be successful in exacting mechanical work.

The second step taken by the National Youth Administration to expedite its program was a redefinition of the requirements for eligibility for employment on the work program for young people 18 and over not in school. The requirement as to need now is defined to read as follows: "A youth shall be eligible for certification if he is in need of employment, work experience, and training."

Heretofore under the various relief acts, certification to the National Youth Administration has required a consideration of the needs of the entire family on a budget basis, and nearly all NYA youth have come from families on relief. The new definition will make it possible to reach needy youth coming from marginal groups and to select youth for NYA projects on the basis of their own need for employment and their suitability for the type of work provided by the project.

The third step taken by the National Youth Administration to expedite its program has been the initiation of a plan for increasing the number of young people enrolled in resident projects.

Resident work centers have been developed by the National Youth Administration for two reasons: First, to provide employment for isolated youth coming from rural communities where the number in any one community is not large enough to justify a local project; second, to obtain for certain youth the more extended program and the values that come from congregate living.

National Youth Administration architects have developed plans, which have been forwarded to State offices, for a new and improved type of "resident center" that will soon be under construction. The new center is of modern functional design and is planned to accommodate about 200 young people. Each standard unit for 200 youth has five workshops and five dormitories. The number of buildings and the number of employees may vary from the standard units somewhat to fit local needs and conditions. It is expected that at least one of these new and improved centers will be started in each State before the end of the year.

This increase in the employment of young people in resident projects is expected to result in a better background of work experience for them. By bringing youth together in larger units it will be possible to provide better equipment, better supervision, and thus to turn out more efficient work. Health activities, citizenship classes, and self-government can be more readily carried on in connection with resident units than with local units.

The fourth step taken by the National Youth Administration to expedite and improve its program is the development of a plan for enlarged health activities. Although in the past the National Youth Administration has done considerable work to build up the health of young people and to improve health services in the communities in which NYA projects operate, there has been a need for extension of this work.

To facilitate the expansion of its health program, the National Youth Administration has secured the loan of a medical officer from the staff of the United States Public Health Service who will work with staff members in the central office and with State Youth Administrators in developing activities best suited to local needs.

The fifth step taken by the National Youth Administration has been the conclusion of an agreement with the United States Office of Education and State departments of education whereunder the National Youth Administration will rely on the school system to provide related training, both academic and vocational, for its project workers unless school officials report that their facilities are not adequate for this task.

In the past the National Youth Administration had set up some training classes of its own, many of them in resident projects located in isolated regions where school facilities were lacking. Under the new policy an effort will be made to transfer all such training classes to the local schools. It is hoped that this new pol-

icy will develop a coordinated effort at vocational training which will improve the quality of both work experience and classroom activities.

Ever since its establishment, the National Youth Administration has sought to induct youth into employment in private industry through cooperative arrangements with State employment services. As a means of bringing this about it has financed and effected the establishment of junior divisions of public employment services in 41 States. Since July 1940 all these divisions have been taken over and completely financed by the State employment services.

The extent to which the work projects for out-of-school youth under the National Youth Administration are contributing to national defense is incapable of exact measurement, but it can be demonstrated that the type of work experience and training provided to youth on NYA projects is of great value to them in securing private employment when jobs are available. Last year the turn-over of employment on NYA work projects was at a rate higher than 100 percent annually. Between one-third and one-half of young people who leave NYA projects do so to take private employment.

Coal-Mine Order Issued Under Hazardous-Occupations Program

By Elizabeth S. Johnson

Assistant Director in Charge of Research, Industrial Division, U. S. Children's Bureau

The Fair Labor Standards Act of 1938, while in effect establishing a basic minimum age of 16 years for employment in all industries subject to its child-labor provisions, recognizes the social waste of allowing young persons to engage in dangerous work and sets up machinery for establishing a minimum age of 18 years for employment in hazardous occupations.[1] This is done by giving to the Chief of the Children's Bureau the power to find and by order declare occupations particularly hazardous for the employment of minors between 16 and 18 years of age or detrimental to their health or well-being; after such a determination has been made, and an order issued, an 18-year minimum age is in effect in the particular occupations covered by the order.

[1] The Fair Labor Standards Act of 1938 provides in sec. 12 (a) that "no producer, manufacturer, or dealer shall ship or deliver for shipment in [interstate] commerce any goods produced in an establishment . . . in or about which . . . any oppressive child labor has been employed," and defines "oppressive child labor" in sec 3 (*l*) in part as "a condition of employment under which . . . any employee between the ages of 16 and 18 years is employed by an employer in any occupation which the Chief of the Children's Bureau in the Department of Labor shall find and by order declare to be particularly hazardous for the employment of children between such ages or detrimental to their health or well-being . . ."

The first application of the 18-year minimum-age standard for hazardous occupations to a major national industry came with the issuance by the Chief of the Children's Bureau of Order No. 3, applying to coal mines. Previous orders relating to hazardous employment affect work in manufacturing explosives (Order No. 1) and the occupations of motor-vehicle driver and helper (Order No. 2).

When the Children's Bureau was given this responsibility for finding and declaring occupations particularly hazardous for minors, it was faced with the need for developing a method of making factual determinations in a field where uniform standards and criteria for research methods had not been established to any considerable extent. As the first step in its program for administering this provision of the act, the Bureau planned a framework for its procedure which was outlined in Regulation No. 5, Procedure Governing Determinations of Hazardous Occupations. It is only as investigations and findings in several fields have progressed, however, that the Industrial Division of the Bureau has gradually developed in detail research methods especially suited to

making the determinations of fact that are necessary for giving effect to the policy of the act with respect to hazardous occupations.

The methods of investigating the hazards for minors in the coal-mining industry and of formulating the finding and order finally issued as Order No. 3 illustrate the way in which the Bureau has so far developed its procedure for exercising its responsibility of finding and defining occupations to which in policy the act applies an 18-year minimum-age standard.

In choosing coal mining as the first major field for study the Bureau was guided by the advice of its Advisory Committee on Occupations Hazardous for Minors, which was organized to advise the Bureau on policy matters in the field of hazardous occupations and is composed of experts in industrial health and safety, employer and labor representatives, and others concerned with the welfare of young workers.[2] In the past the industry had used large numbers of boys (approximately 16,000 coal-mine workers were under 18 years of age according to the census of 1930), and it has been customary in some sections of the industry for boys about 16 years of age to start under the supervision of an experienced miner at the underground work of removing coal from the face, where there is constant danger of falls of roof and coal, and to perform other tasks involving risk of accident.

In carrying out the investigation and in formulating the order defining the hazardous occupations in coal mining the Division, in accordance with the advice of its Advisory Committee, cooperated closely with groups in the coal-mining field, seeking technical assistance and welcoming advice regarding its investigation and regarding the content and wording of an order. Those consulted included representatives of mine operators, of labor groups, and of State mine and labor departments and other persons interested in mine safety and employment of minors in the industry. From the very beginning and throughout its study the Division worked closely with the United States Bureau of Mines, receiving invaluable technical assistance from this agency.

[2] A list of the members of the Committee appeared in the February 1939 issue of *The Child*, Vol. 3, No. 8, p. 177.

The Industrial Division's work of investigation followed several lines. Visits were made by the safety engineer on the Division's staff to coal mines of various types in several States for the purpose of analyzing occupations and hazards. Statistics of coal-mine accidents, based chiefly on comprehensive data available from the United States Bureau of Mines, were analyzed for a 5-year period and compared with accident rates for manufacturing as a whole, based on data furnished by the Bureau of Labor Statistics. Legal minimum-age standards for coal-mine work and available data on current policies and practices of the industry regarding the employment of minors under 18 were reviewed. Problems of the legal implications of an order were studied, and definitions of terms to be used were carefully developed so that the intended application of the order in terms of actual mining conditions would be clear to mine operators and workers affected as well as to the staff of the Bureau responsible for the administration of the order.

In compiling results of the investigation and research in this field and drawing conclusions, a group of technical advisers, most of whom had been consulted during the early phases of the study, were asked to make suggestions, corrections, or additions to a draft of the report of investigation submitted to them and to give their reactions to a tentative draft of the order.[3] Many valuable suggestions were received and made use of.

The culmination of the investigation work preparatory to issuance of an order was the submission to the Chief of the Children's Bureau of the Industrial Division's report of investigation and her issuance of a proposed finding and order based on it. This report shows

[3] The Bureau's group of technical advisers on coal mining was composed of the following persons: C. E. Berner, superintendent, Coal Mine Section, Pennsylvania Compensation Rating and Inspection Bureau; Harvey Cartwright, National Coal Association; Waldo Fisher, Department of Industry, Wharton School, University of Pennsylvania; O. E. Gasaway, International Executive Board Member of the United Mine Workers of America; Daniel Harrington, Chief, Health and Safety Branch, U. S. Bureau of Mines; D. C. Kennedy, National Coal Association; C. A. McDowell, secretary, Mine Inspectors' Institute of America; R. H. Moore, National Coal Association; J. H. Oliver, Anthracite Institute; Joe Ozanic, president, Progressive Mine Workers of America; N. P. Rhinehart, chief, West Virginia Department of Mines.

that work in and about coal mines, both anthracite and bituminous, involves an exceptionally high degree of accident risk in comparison not only with manufacturing as a whole but also with most other industries for which adequate injury statistics are available; that all underground occupations, all occupations in open-pit operations, and many surface occupations involve serious accident hazards; and that State legislation, reflecting public recognition of the particular hazards of coal-mine work for young people, has established higher minimum-age standards for work in or about coal mines than for general employment in the majority of the coal-producing States.[4]

The proposed finding and order relating to coal-mine occupations, issued by the Chief of the Bureau on June 7, 1940, was wide in its coverage of occupations in the industry, declaring as hazardous all work in or about coal mines, except a few surface occupations. The excepted surface occupations were slate picking at a picking table in a tipple or breaker and occupations requiring the performance of duties solely in offices or in repair or maintenance shops.

Opportunity for review of the proposed finding and order and for the making of suggestions and objections was afforded by the distribution of notice of the proposal and of a hearing to be held June 28, 1940. These notices were mailed to national labor associations of coal-mine workers, national trade associations of anthracite and bituminous operators, individual coal-mine operators, trade publications, and State labor and mine departments and other agencies or individuals known to be interested in coal-mine safety or the employment of young persons in coal-mine work.

At the hearing, which was attended by representatives of the Anthracite Institute (trade association of anthracite operators), the National Coal Association (trade association of bituminous operators), the United Mine Workers of America (Congress of Industrial Organizations), the Progressive Mine Workers of America (American Federation of Labor), and the National Child Labor Committee, the proposed finding and order met with general favor.

As a result of suggestions presented at the hearing a minor revision in the proposed order was made, namely, to include as an exempted surface occupation slate picking at chutes as well as at picking tables. No objections showing just cause for further change in the proposed revision, which was publicly announced, were received; and the final order relating to coal-mine occupations was issued on August 1 to become effective September 1, 1940.

The statement of the occupations covered by the order is as follows:

> *Order.*—Accordingly, I hereby declare that all occupations in or about any coal mine, except the occupation of slate or other refuse picking at a picking table or picking chute in a tipple or breaker and occupations requiring the performance of duties solely in offices or in repair or maintenance shops located in the surface part of any coal-mining plant, are particularly hazardous for the employment of minors between 16 and 18 years of age.
>
> *Definitions.*—For the purpose of this order—
>
> (1) The term "coal" shall mean any rank of coal, including lignite, bituminous, and anthracite coals.
>
> (2) The term "all occupations in or about any coal mine" shall mean all types of work performed in any underground working, open-pit, or surface part of any coal-mining plant that contribute to the extraction, grading, cleaning, or other handling of coal.

This action, which marks a cardinal achievement in the long-time effort to protect boys from the serious hazards of coal-mine work, comes fortunately at a time when relatively little displacement of young workers will be involved in adjusting to the 18-year standard, since—because of the extent of adult unemployment in coal-mine localities—comparatively few minors under 18 appear to be currently employed in the industry. Nevertheless, the order is particularly timely now, because the impending expansion of employment in the industry in connection with preparations for national defense, without the 18-year standard would lead almost inevitably to an increased use of boys at unduly hazardous work.

[4] The Hazards of Coal-Mine Employment for Young Workers, a Report of Investigation Made Under the Child-Labor Provisions of the Fair Labor Standards Act Regarding the Hazardous Nature of Coal-Mine Occupations for the Purpose of Determining Whether Employment in Such Occupations Is Particularly Hazardous for Minors Between 16 and 18 Years of Age. Washington, June 7, 1940. 74 pp. Mimeographed.

NEWS NOTES

Meeting of Advisory Committee on Occupations Hazardous for Minors

The Children's Bureau Advisory Committee on Occupations Hazardous for Minors met on June 27, 1940, to discuss realignment of the hazardous-occupations program in the light of expanding production in industries affected by the defense program.

It was the consensus of opinion at the committee meeting that the two most important fields in which investigations should next be undertaken were shipbuilding and the operation of metalworking machinery, the investigation of the latter to cover types of machines used in airplane manufacture. It was also recommended that action in the health-hazard field should be taken as soon as the Bureau could make the necessary preliminary investigations.

The Industrial Division has readjusted its earlier plans and is undertaking immediately investigations in the first two fields. As soon as the pending investigations of logging and sawmilling and of the operation of woodworking machinery are completed, it will be possible to concentrate efforts on these new fields where prompt action is particularly important if hazardous-occupation standards are to be set for young workers before many are taken on in hazardous jobs.

Age certificates for children working in sugar-beet and sugarcane production

The plan for issuing age certificates, or proof-of-age cards, for children between 14 and 16 years of age under the Sugar Act of 1937,[1] which was tried out in Ohio, Michigan, and Louisiana in 1939 in cooperation with the Sugar Division of the Department of Agriculture, is in operation this year for children employed in sugar-beet and sugarcane production in these three States and four additional States: Iowa, Montana, Nebraska, and Wyoming. These certificates are not issued for children under 14 years of age.

Under the act the Children's Bureau has no powers of enforcement but hopes to encourage compliance by making available certificates of age in cooperation with State and local officials in charge of certificate issuance. The responsibility for obtaining compliance with these child-labor standards rests with the Department of Agriculture, the agency administering the act.

Publications of Division of Labor Standards

Bulletins recently issued by the Division of Labor Standards of the United States Department of Labor include the following:

Occupational Poisoning in the Viscose Rayon Industry, by Alice Hamilton, M. D. Bulletin No. 34, Washington, 1940. 79 pp. This describes the processes in which toxic hazards exist, general plant problems, the effects of carbon-disulphide poisoning and hydrogen-sulphide poisoning, and the maximum allowable concentration of carbon disulphide and hydrogen sulphide in the air of workrooms. The bibliography of 53 items includes references in French, Italian, and German.

Discussion of Industrial Accidents and Diseases. Bulletin No. 36, Washington, 1940. 190 pp. This contains the proceedings of the twenty-sixth annual convention of the International Association of Industrial Accident Boards and Commissions, held in Milwaukee in September 1939.

Protecting Eyes in Industry. Bulletin No. 37, Washington, 1940. 18 pp. In this bulletin are given the addresses presented before the Industrial Section, National Society for the Prevention of Blindness at its Annual Conference in New York City, October 27, 1939.

Safeguarding Manpower for Greater Production. Special Bulletin No. 1, Washington, 1940. 20 pp. The importance of safe working conditions in maintaining and increasing industrial output for national defense is the subject of this bulletin, which deals with physical conditions in work places, sanitation and hygiene, and safety practices. Selected references are given on industrial safety and health.

[1] *See* Age Certificates for Young Workers Under the Sugar Act, by Ella Arvilla Merritt. *The Child*, Vol. 4, No. 4 (October 1939).

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• EVENTS OF CURRENT INTEREST •

CONFERENCE CALENDAR

Oct. 5–10 National Society for Crippled Children. Annual convention, Asheville, N. C. Permanent headquarters: Elyria, Ohio.

Oct. 6–8 Seventh Institute on Public Health Education, Detroit, Mich. Under the auspices of the Public Health Education Section of the American Public Health Association.

Oct. 8–11 American Public Health Association. Sixty-ninth annual meeting, Detroit. Permanent headquarters: 50 West Fiftieth Street, New York.

Oct. 7–11 National Safety Council, Chicago. Permanent headquarters: 20 North Wacker Drive, Chicago.

Oct. 21–24 American Dietetic Association. Twenty-third annual meeting, New York.

Nov. 8–9 Society for Research in Child Development. Fourth biennial meeting, Harvard Medical School, Boston, Mass. Secretary-Treasurer: Carroll E. Palmer, M. D., Society for Research in Child Development, 2101 Constitution Avenue, Washington, D. C.

Nov. 10–16 American Education Week. Twentieth anniversary. Information and program material from National Education Association, 1201 Sixteenth Street NW., Washington, D. C.

Nov. 12–14 Seventh National Conference on Labor Legislation. Called by the Secretary of Labor, Washington, D. C.

Nov. 12–15 Southern Medical Association. Thirty-fourth annual meeting, Louisville, Ky. Permanent headquarters: Empire Building, Birmingham, Ala.

Nov. 13–15 National Association of Day Nurseries. Second annual conference, New York. Permanent headquarters: 122 East Twenty-second Street, New York.

Nov. 18–20 American Academy of Pediatrics. Annual meeting, Memphis, Tenn. Secretary-Treasurer: 636 Church Street, Evanston, Ill.

Dec. 9–12 American Farm Bureau Federation. Annual convention, Baltimore, Md.

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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Social Statistics, issued four times a year as a supplement, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research, and is sent to everyone who receives THE CHILD.

THE CHILD is sent free on request to a restricted list of officials and agencies actively engaged in work for or with children. Requests to be placed on the free mailing list should be addressed to the editor, THE CHILD, Children's Bureau, United States Department of Labor, Washington, D. C.

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